

		FOR OHF USE					

LL1

2005
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2005)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0036244

Facility Name: Alden Princeton Rehab & HCC

Address: 255 West 69th Street Chicago 60621
Number City Zip Code

County: Cook

Telephone Number: (773) 224-5900 Fax # (773) 224-7157

IDPA ID Number: 36-370816900

Date of Initial License for Current Owners: 08/24/90

Type of Ownership:

<input type="checkbox"/>	VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/>	PROPRIETARY	<input type="checkbox"/>	GOVERNMENTAL
<input type="checkbox"/>	Charitable Corp.	<input type="checkbox"/>	Individual	<input type="checkbox"/>	State
<input type="checkbox"/>	Trust	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	County
IRS Exemption Code		<input checked="" type="checkbox"/>	Corporation	<input type="checkbox"/>	Other
		<input type="checkbox"/>	"Sub-S" Corp.		
		<input type="checkbox"/>	Limited Liability Co.		
		<input type="checkbox"/>	Trust		
		<input type="checkbox"/>	Other		

In the event there are further questions about this report, please contact:
Name: Steven M. Kroll Telephone Number: (773) 286-3883

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2005 to 12/31/2005 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider	(Signed)		(Date)	
	(Type or Print Name)	Joan Carl		
	(Title)			
Paid Preparer	(Signed)		(Date)	
	(Print Name and Title)			
	(Firm Name & Address)			
	(Telephone)	()	Fax # ()	
	MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630			

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

III. STATISTICAL DATA					
A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____					
	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	225	Skilled (SNF)	225	82,125	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	225	TOTALS	225	82,125	7

B. Census-For the entire report period.						
	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	19,123	205	6,342	25,670	8
9	SNF/PED					9
10	ICF	20,999	145	74	21,218	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	40,122	350	6,416	46,888	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 57.09%

D. How many bed-hold days during this year were paid by the Department?
_____(Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
none

F. Does the facility maintain a daily midnight census? yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES ☐ NO ☒

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES ☐ NO ☒

I. On what date did you start providing long term care at this location?
Date started 07/01/90

J. Was the facility purchased or leased after January 1, 1978?
YES ☒ Date 07/01/90 NO ☐

K. Was the facility certified for Medicare during the reporting year?
YES ☒ NO ☐ If YES, enter number of beds certified 96 and days of care provided 5,208

Medicare Intermediary Administar Federal

IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐

Is your fiscal year identical to your tax year? YES ☒ NO ☐

Tax Year: 12/31/05 Fiscal Year: 12/31/05

* All facilities other than governmental must report on the accrual basis.

STATE OF ILLINOIS

Page 3

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	225,474	26,384	10,677	262,535		262,535	(5,126)	257,409			1
2	Food Purchase		292,905		292,905	(26,357)	266,548	(33,916)	232,632			2
3	Housekeeping	191,550	38,779	853	231,182		231,182		231,182			3
4	Laundry	75,649	17,903	260	93,812		93,812		93,812			4
5	Heat and Other Utilities			241,553	241,553		241,553	976	242,529			5
6	Maintenance	42,438	507	146,629	189,574		189,574	18,141	207,715			6
7	Other (specify):* Related party salary							41,195	41,195			7
8	TOTAL General Services	535,111	376,478	399,972	1,311,561	(26,357)	1,285,204	21,270	1,306,474			8
	B. Health Care and Programs											
9	Medical Director			55,762	55,762		55,762		55,762			9
10	Nursing and Medical Records	1,900,284	280,145	59,744	2,240,173	(139,297)	2,100,876	2,406	2,103,282			10
10a	Therapy	92,977			92,977		92,977		92,977			10a
11	Activities	78,340	2,072	2,672	83,084		83,084		83,084			11
12	Social Services	43,280			43,280		43,280		43,280			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* Related party salary							23,694	23,694			15
16	TOTAL Health Care and Programs	2,114,881	282,217	118,178	2,515,276	(139,297)	2,375,979	26,100	2,402,079			16
	C. General Administration											
17	Administrative	36,142			36,142		36,142		36,142			17
18	Directors Fees											18
19	Professional Services			586,012	586,012		586,012	(499,497)	86,515			19
20	Dues, Fees, Subscriptions & Promotions			59,877	59,877	(3,645)	56,232	(39,069)	17,163			20
21	Clerical & General Office Expenses	140,600	23,639	54,823	219,062	3,020	222,082	36,116	258,198			21
22	Employee Benefits & Payroll Taxes			565,572	565,572	26,357	591,929	(1,404)	590,525			22
23	Inservice Training & Education					20,184	20,184		20,184			23
24	Travel and Seminar			9,456	9,456	625	10,081	13,543	23,624			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			271,444	271,444		271,444	8,948	280,392			26
27	Other (specify):* Related party salary			83,304	83,304		83,304	268,625	351,929			27
28	TOTAL General Administration	176,742	23,639	1,630,488	1,830,869	46,541	1,877,410	(212,738)	1,664,672			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,826,734	682,334	2,148,638	5,657,706	(119,113)	5,538,593	(165,368)	5,373,225			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			71,336	71,336		71,336	268,597	339,933			30
31	Amortization of Pre-Op. & Org.							2,778	2,778			31
32	Interest			25,913	25,913		25,913	446,419	472,332			32
33	Real Estate Taxes							297,322	297,322			33
34	Rent-Facility & Grounds			973,670	973,670		973,670	(973,670)				34
35	Rent-Equipment & Vehicles			19,705	19,705		19,705	23,115	42,820			35
36	Other (specify):*							38,606	38,606			36
37	TOTAL Ownership			1,090,624	1,090,624		1,090,624	103,167	1,193,791			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	543,604	486,950	657,234	1,687,788	119,113	1,806,901	(246,279)	1,560,622			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			123,188	123,188		123,188		123,188			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	543,604	486,950	780,422	1,810,976	119,113	1,930,089	(246,279)	1,683,810			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	3,370,338	1,169,284	4,019,684	8,559,306		8,559,306	(308,480)	8,250,826			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

VI. ADJUSTMENT DETAIL A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	17,728	30		9
10	Interest and Other Investment Income	(68,150)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(322)	2		13
14	Non-Care Related Interest	(20,004)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(5,489)	21		17
18	Fines and Penalties	(534)	32		18
19	Entertainment	(374)	20		19
20	Contributions	(1,223)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(4,836)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(83,304)	27		24
25	Fund Raising, Advertising and Promotional	(33,618)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (200,126)		\$	30

OHF USE ONLY								
48		49		50		51		52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(92,839)	Various	34
35	Other- Attach Schedule	(15,515)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (108,354)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (308,480)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Late fees on utilities	\$ (1,459)	5	1
2	Late fee on telephone	(8)	21	2
3	Miscellaneous Income - Jury Duty	(17)	21	3
4	Medical Records (GL 4977)	(743)	21	4
5	Marketing Manager (GL 6701-100-009)	(8,369)	21	5
6	Back out Employee Benefits for Marketing Manager	(1,404)	22	6
7	Repairs & Maintenance (GL7143 Vendor settlements)	9,520	6	7
8				8
9	Depreciation on Deferred Maintenance "Painting" (Pg 22	575	6	9
10				10
11	Bank charges on Princeton LLC	(537)	21	11
12	Adjust depreciation due to Pg 13 total	7	30	12
13	Back out 32.97% of PAC fees from standard IHCA bills	(4,004)	20	13
14	Eliminate Refundable legal fees	(8,738)	19	14
15	Back out IL Assoc of Health Care Fac - public relation (s	(338)	20	15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(15,515)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning:

01/01/2005

Ending:

12/31/2005

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	(5,126)	0	0	0	0	0	0	0	(5,126)	1
2	Food Purchase	(322)	0	0	(33,594)	0	0	0	0	0	0	0	(33,916)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,459)	0	2,435	0	0	0	0	0	0	0	0	976	5
6	Maintenance	10,095	0	7,251	0	0	0	795	0	0	0	0	18,141	6
7	Other (specify):*	0	0	36,501	4,694	0	0	0	0	0	0	0	41,195	7
8	TOTAL General Services	8,314	0	46,187	(34,026)	0	0	795	0	0	0	0	21,270	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	3,834	(1,428)	0	0	0	0	0	0	2,406	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	23,694	0	0	0	0	0	0	0	0	23,694	15
16	TOTAL Health Care and Programs	0	0	23,694	3,834	(1,428)	0	0	0	0	0	0	26,100	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(13,574)	6,537	(492,460)	0	0	0	0	0	0	0	0	(499,497)	19
20	Fees, Subscriptions & Promotions	(39,557)	0	488	0	0	0	0	0	0	0	0	(39,069)	20
21	Clerical & General Office Expenses	(15,163)	0	25,580	13,981	11,718	0	0	0	0	0	0	36,116	21
22	Employee Benefits & Payroll Taxes	(1,404)	0	0	0	0	0	0	0	0	0	0	(1,404)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	13,543	0	0	0	0	0	0	0	0	13,543	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	8,745	203	0	0	0	0	0	0	0	0	8,948	26
27	Other (specify):*	(83,304)	0	331,347	20,690	(108)	0	0	0	0	0	0	268,625	27
28	TOTAL General Administration	(153,002)	15,282	(121,299)	34,671	11,610	0	0	0	0	0	0	(212,738)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(144,688)	15,282	(51,418)	4,479	10,182	0	795	0	0	0	0	(165,368)	29

Summary B

12/31/2005

Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
D. Ownership													
Depreciation	17,735	240,966	8,035	0	1,861	0	0	0	0	0	0	268,597	30
Amortization of Pre-Op. & Org.	0	1,469	1,309	0	0	0	0	0	0	0	0	2,778	31
Interest	(88,688)	474,632	57,128	0	1,028	2,319	0	0	0	0	0	446,419	32
Real Estate Taxes	0	291,594	5,326	0	402	0	0	0	0	0	0	297,322	33
Rent-Facility & Grounds	0	(973,670)	0	0	0	0	0	0	0	0	0	(973,670)	34
Rent-Equipment & Vehicles	0	0	23,115	0	0	0	0	0	0	0	0	23,115	35
Other (specify):*	0	38,606	0	0	0	0	0	0	0	0	0	38,606	36
TOTAL Ownership	(70,953)	73,597	94,913	0	3,291	2,319	0	0	0	0	0	103,167	37
Ancillary Expense													
E. Special Cost Centers													
Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
Ancillary Service Centers	0	0	0	(131,024)	(32,500)	(82,755)	0	0	0	0	0	(246,279)	39
Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
TOTAL Special Cost Centers	0	0	0	(131,024)	(32,500)	(82,755)	0	0	0	0	0	(246,279)	44
GRAND TOTAL COST (sum of lines 29, 37 & 44)	(215,641)	88,879	43,495	(126,545)	(19,027)	(80,436)	795	0	0	0	0	(308,480)	45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Page 6L						

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rental Income	\$ 973,670	Princeton Associates	100.00%	\$	\$ (973,670)	1
2	V	32	Interest Income - RR	2,012				(2,012)	2
3	V	19	Accounting fee					6,000	3
4	V	19	Misc. Admin Expense					537	4
5	V	33	Real Estate Tax					291,594	5
6	V	26	Property & Liability Insurance					8,745	6
7	V	32	Interest on Mortgage note					431,709	7
8	V	32	Interest on Operating Loss Loan					44,935	8
9	V	36	Mortgage Insurance Premium					38,606	9
10	V	30	Depreciation					240,966	10
11	V	31	Amortization					1,469	11
12	V								12
13	V								13
14	Total			\$ 975,682			\$	\$ * 88,879	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	19	professional fees	\$ 505,946	Alden Management Services		\$ 13,486	\$ (492,460)	15
16	V	21	genl & admin		Alden Management Services		25,580	25,580	16
17	V	5	utilities		Alden Management Services		2,435	2,435	17
18	V	6	maintenance		Alden Management Services		7,251	7,251	18
19	V	24	travel & seminar		Alden Management Services		13,543	13,543	19
20	V	26	insurance		Alden Management Services		203	203	20
21	V	20	dues & subscriptions		Alden Management Services		488	488	21
22	V	30	depreciation		Alden Management Services		8,035	8,035	22
23	V	31	amortization		Alden Management Services		1,309	1,309	23
24	V	33	real estate tax		Alden Management Services		5,326	5,326	24
25	V	35	rent-equip & vehicles		Alden Management Services		23,115	23,115	25
26	V	32	interest		Alden Management Services		57,128	57,128	26
27	V	7	salaries - gen'l serv		Alden Management Services		36,501	36,501	27
28	V	15	salaries - health care		Alden Management Services		23,694	23,694	28
29	V	27	salaries - gen'l admin		Alden Management Services		331,347	331,347	29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 505,946			\$ 549,441	\$ * 43,495	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ X

 YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	2	Tube Feeding	\$ 76,356	Prism Health Care		\$ 42,762	\$ (33,594)	15
16	V	10	Nursing Supply	3,060	Prism Health Care		6,894	3,834	16
17	V	39	Per diems/other supplies	246,070	Prism Health Care		67,476	(178,594)	17
18	V	21	General & admin		Prism Health Care		13,981	13,981	18
19	V	27	General & admin salaries		Prism Health Care		20,690	20,690	19
20	V	1	Diet Cons.	9,600	Prism Health Care		4,474	(5,126)	20
21	V	7	Diet Salary		Prism Health Care		4,694	4,694	21
22	V	39	Vent Rent		Prism Health Care		47,570	47,570	22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 335,086			\$ 208,541	\$ * (126,545)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Drugs	\$ 100,236	Forum Extended Care II		\$ 142,659	\$ 42,423	15
16	V	10	House Stock	5,018	Forum Extended Care II		4,450	(568)	16
17	V	39	IV	87,005	Forum Extended Care II		12,709	(74,296)	17
18	V	39	Wound Vac	2,889	Forum Extended Care II		2,262	(627)	18
19	V	21	G & A		Forum Extended Care II		5,471	5,471	19
20	V	32	Interest		Forum Extended Care II		1,028	1,028	20
21	V	33	Real Estate taxes		Forum Extended Care II		402	402	21
22	V	30	Depreciation		Forum Extended Care II		1,861	1,861	22
23	V	21	General & admin salaries		Forum Extended Care II		6,247	6,247	23
24	V	10	Pharmacy Consulting	6,701	Forum Extended Care II		5,841	(860)	24
25	V	27	Employ. Vaccin.	504	Forum Extended Care II		396	(108)	25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 202,353			\$ 183,326	\$ * (19,027)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Therapy	\$ 646,648	Community Physical Therapy		\$ 563,893	\$ (82,755)	15
16	V	32	Interest		Community Physical Therapy		2,319	2,319	16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 646,648			\$ 566,212	\$ * (80,436)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ X

 YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	Repairs & Maintenance	\$ 33,883	Alden Bennett Construction		\$ 34,678	\$ 795	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 33,883			\$ 34,678	\$ * 795	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number

ALDEN NURSING CENTER - PRINCETON

003-6244

Report Period Beginning 01/01/05

Ending: 12/31/05

RELATED NURSING HOMES	
Name	City
Note: ANC = Alden Nursing Center	
ANC Lakeland	Chicago
ANC Long Grove	Long Grove
ANC Heather	Harvey
ANC Lincoln Park	Chicago
ANC Northmoor	Chicago
ANC Town Manor	Chicago
ANC Terrace of McHenry	McHenry
ANC Morrow	Chicago
ANC Wentworth	Chicago
ANC Naperville	Naperville
ANC Valley Ridge	Bloomingtondale
ANC Village for Children & Young Adults	Bloomingtondale
ANC Orland Park	Orland Park
ANC Waterford	Aurora
Alden of Old Town East	Bloomingtondale
Alden of Old Town West	Bloomingtondale
Alden Trails	Bloomingtondale
Alden Northshore	Skokie
ANC Des Plaines	Des Plaines
ANC Des Plaines II	Des Plaines
ANC Alma Nelson	Rockford
ANC Park Stratmoor	Rockford
ANC Meadow Park	Rockford
ANC Poplar Creek	Hoffman Estates
ANC Governors' Park	Barrington
ANC Gardens of Rockford	Rockford

OTHER RELATED BUSINESS ENTITIES		
Name	City	Type of Business
The Forum Prof. Center	Chicago	Office rental
Pyramid Health Care	Chicago	Nursing supplies
Forum Extended Care II	Chicago	Pharmacy
Alden Management	Chicago	Management
Alden Estates of Evanston	Evanston	Assisted living
Community Physical Therapy	Wood Dale	Therapy provider
Courts of Waterford	Aurora	Alzheimers unit
Gardens of Waterford	Aurora	Assisted living

NAMES OF OWNERS	OWNERSHIP %s
Stuart Goldsand	6.25
Julian Bailes MD	2.50
Aaron Carl	3.75
Lu Sezenov	6.25
Mildred Schlossberg	12.50
Ronald Eaton	5.00
John Vercillo	3.75
Brett Carl	5.00
Larry Saunders	2.50
Floyd A. Schlossberg	25.00
Joan/Sam Carl	27.50
	<hr/>
	100.00
	<hr/>

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd Schlossberg a.	President	Chief Executive	25.00	133,785	1.64	4.10	salary	\$ 5,715	27-7	1
2	Lauren Magnusson b.	Nurse coordinator	nursing admin.	0.00	72,651	1.64	4.10	salary	3,103	15-7	2
3	Terry Magnusson c.	Maint. Supervisor	construct/mainten	0.00	49,390	1.64	4.10	salary	2,110	7-7	3
4	Joan Carl d.	Secretary	Vice-President	27.50	133,785	1.64	4.10	salary	5,715	27-7	4
5											5
6											6
7	a. Floyd Schlossberg is the President and sole stockholder of The Alden Group Ltd.										7
8	b. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is a nurse coordinator.										8
9	c. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry is in maintenance and construction.										9
10	d. Joan Carl is the Secretary of Alden Management Services and all nursing facilities. She has an equity interest in Town Manor, Princeton, Valley Ridge,										10
11	North Shore, Orland Park, and Waterford. She has an equity interest in the real estate of Alma Nelson, Park Strathmoor, and Meadow Park.										11
12											12
13								TOTAL	\$ 16,643		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees).
FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME
ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

#	0036244	Report Period Beginning:	01/01/2005	Ending:	2/31/2005
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Name of Related Organization	<u>Alden Management Services, Inc.</u>
Street Address	<u>4200 W Peterson Ave.</u>
City / State / Zip Code	<u>Chicago, IL 60646</u>
Phone Number	<u>(773) 286-3883</u>
Fax Number	<u>(773) 286-3743</u>

B. Show the allocation of costs below. If necessary, please attach worksheets.

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	see page 8A (also on page 6A)				\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1	Cambridge		x	Operations	\$4,158.00	2/2003	\$ 738,400	\$ 719,575	2/12/2042	6.1800	\$ 44,935	1	
2	Cambridge		x	Mortgage	\$39,970.00	2/2003	7,098,500	6,917,528	12/31/2042	6.1800	431,709	2	
3	Therapeutic Systems		x	Working Capital	\$7,824.00						5,375	3	
4												4	
5												5	
	Working Capital												
6	related party - AMS	x		Working Capital							57,128	6	
7	related party - FECII	x		Working Capital							1,028	7	
8	related party - CPT	x		Working Capital							2,319	8	
9	TOTAL Facility Related				\$51,952.00		\$ 7,836,900	\$ 7,637,103			\$ 542,494	9	
	B. Non-Facility Related*												
10	offset PRN Assoc. interest expense with interest income on Repl Reserve										(2,012)	10	
11	offset Corp's interest expense with interest income (GL4964,4983,4646,4979)										(68,150)	11	
12												12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$ (70,162)	14	
15	TOTALS (line 9+line14)						\$ 7,836,900	\$ 7,637,103			\$ 472,332	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 38,606 Line # 36

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2004 report.

2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)

3. Under or (over) accrual (line 2 minus line 1).

4. Real Estate Tax accrual used for 2005 report. (Detail and explain your calculation of this accrual on the lines below.)

5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C.
(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)

6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund.
TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)

7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:

2000	266,501	8
2001	273,432	9
2002	276,498	10
2003	279,290	11
2004	285,494	12

accrual based on 3% increase over prior year bill.

	FOR OHF USE ONLY	
13	FROM R. E. TAX STATEMENT FOR 2004 \$	13
14	PLUS APPEAL COST FROM LINE 5 \$	14
15	LESS REFUND FROM LINE 6 \$	15
16	AMOUNT TO USE FOR RATE CALCULATION \$	16

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.

2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates

RE: 2004 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2004 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2004.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2004 real estate tax bill to the Department of Public Aid, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2005 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions,

2004 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME

Alden Princeton Rehab & HCC

COUNTY

Cook

FACILITY IDPH LICENSE NUMBER

0036244

CONTACT PERSON REGARDING THIS REPORT

Steven M. Kroll

TELEPHONE (773) 286-3883

FAX #: (773) 286-3743

A. Summary of Real Estate Tax Cos

Enter the tax index number and real estate tax assessed for 2004 on the lines provided below. Enter only the portion of tl cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursir home property which is vacant, rented to other organizations, or used for purposes other than long term care must not l entered in Column D. Do not include cost for any period other than calendar year 2004

(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
Tax Index Number	Property Description	Total Tax	
1. 20-21-413-032-0000	Nursing home facility	\$ 735.83	\$ 735.83
2. 20-21-413-005-0000	Nursing home facility	\$ 14,772.51	\$ 14,772.51
3. 20-21-413-001-0000	Nursing home facility	\$ 16,112.97	\$ 16,112.97
4. 20-21-413-004-0000	Nursing home facility	\$ 83,740.16	\$ 83,740.16
5. 20-21-413-035-0000	Nursing home facility	\$ 83,756.86	\$ 83,756.86
6. 20-21-413-022-0000	Nursing home facility	\$ 14,651.37	\$ 14,651.37
7. 20-21-413-003-0000	Nursing home facility	\$ 56,902.14	\$ 56,902.14
8. 20-21-413-002-0000	Nursing home facility	\$ 14,822.18	\$ 14,822.18
9.	Related Party - Alden Management	\$ 130,007.00	\$ 5,326.00
10.	Related Party - Forum	\$ 15,792.00	\$ 402.00
TOTALS		\$ 431,293.02	\$ 291,222.02

B. Real Estate Tax Cost Allocation:

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not direct used for nursing home services' YES x NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing hom (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used

C. Tax Bills

Attach a copy of the original 2004 tax bills which were listed in Section A to this statement. Be sure to use the 200 tax bill which is normally paid during 2005

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 80,000 B. General Construction Type: Exterior brick Frame steel Number of Stories 3

C. Does the Operating Entity? (a) Own the Facility (x) (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (x) (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES (x) NO

If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized: 3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs: (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.					
	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Nursing home	82,377	1989	\$ 151,068	1
2					2
3	TOTALS	82,377		\$ 151,068	3

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4		Related party-Forum		1978	\$ 14,541	\$	25	\$	\$	\$ 14,541	4
5											5
6	225		1990	1989	6,937,625	220,767	30	231,254	10,487	3,584,437	6
7			1992	1992	44,020	280	30	1,467	1,187	19,680	7
8			1993	1993	30,616	692	30	1,021	329	13,540	8
	Improvement Type**										
9		FLOORING/PUMP SWITCH/FREEZER MOTOR/MISC		1991	7,180		VARIOUS			7,180	9
10		EXHAUST PARTS/BOILER REPAIRS/PIPE INSUL/VALVE/FAUCET/		1992	11,688	(66)	VARIOUS	(66)		11,760	10
11		WALL PAINT/CARPETING/BASE/MOTOR/PUMP/DOOR/COMPRES		1993	24,066	729	VARIOUS	729		22,166	11
12		DOOR/HEATING COIL/VBOILER VALVE/WATER TANK/EXTINGU		1995	27,107	1,573	VARIOUS	1,573		18,765	12
13		NEW CARPETING		1996	1,400	140	10	140		1,377	13
14		COIL REPLACEMENT(AIR CONDITIONER)		1996	4,821	482	10	482		4,700	14
15		CEILING REPAIRS		1996	1,700	142	12	142		1,393	15
16		INSTALL SB 35 PUMP		1997	3,287	329	10	329		2,740	16
17		SEAL COATING/PATCHING		1997	2,300		5			2,300	17
18		REPAIR KEBO LIFT		1997	1,917		5			1,917	18
19		LONG ELEV(INSTALL GATE RESTRICTOR-ELEV)		1998	6,800	680	10	680		5,327	19
20		SHINE-RITE(STRIP & REFINISH FLOORS)		1998	6,000	600	10	600		4,550	20
21		CORONET MFG		1998	8,970	897	10	897		6,354	21
22		REEDY EQ.(REPAIR DISHWASHERS)		1998	4,612	461	10	461		3,267	22
23		JP Graham(installation)		1999	2,781	278	10	278		1,924	23
24		Northtown (repair steamer)		1999	1,674	167	10	167		1,116	24
25		Rykoff Sexton(kitchen supplies)		1999	2,337	234	10	234		1,539	25
26		Long Elevator(repair water damage)		1999	2,949	295	10	295		1,843	26
27		Fox Valley(fire alarm inspection)		1999	2,000	133	15	133		822	27
28		ABC(construction management)		1999	785		5			785	28
29		Kraft Paper (desk & chairs)		1999	2,023	135	15	135		820	29
30		Climate Services(exhaust roof top repair)		1999	2,143	214	10	214		1,304	30
31		New Horizons(install phones and wall mounts)		1999	5,848	585	10	585		3,558	31
32		ABC:Carpentry labor		1999	2,460	246	10	246		1,496	32
33		ABC:Resilient flooring		1999	3,996	400	10	400		2,498	33
34		Equipment International (dryer fan blade)		2000	602	60	10	60		356	34
35		CSI-Coker Service (repair steam table)		2000	1,151	115	10	115		681	35
36		Fox Valley Fire & Safety (fire alarm repair)		2000	776	78	10	78		459	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Equipment International (motor repair - washer)	2000	\$ 1,106	\$ 111	10	\$ 111	\$	\$ 654	37
38	Climate Service (replace hot water valve)	2000	1,303	130	10	130		771	38
39	Kraft Paper Sales Co. (HP 175 RPM)	2000	1,051	105	10	105		613	39
40	DePaul Plumbing (instal water line of outside sprinkler system)	2000	7,054	705	10	705		4,056	40
41	Alden Bennett Construction (time & material billing by facility)	2000	11,158	1,116	10	1,116		6,137	41
42	Fox Valley Fire & Safety (rep faulty devices from fire alarm)	2000	1,672	111	15	111		604	42
43	SKI-COKER SERVICE (dishwasher repair)	2000	1,834	183	10	183		1,009	43
44	Alden Bennett Construction (time & material billing)	2000	7,777	778	10	778		4,148	44
45	Fox Valley (fire alarm repair)	2000	2,338	234	10	234		1,208	45
46	ALDEN DESIGN (oxygen site plan)	2000	663	66	10	66		359	46
47	ALDEN DESIGN (oxygen site plan)	2000	357	36	10	36		193	47
48	ALDEN DESIGN (install medical gas system)	2000	1,540	154	10	154		834	48
49	ALDEN DESIGN (plat of survey)	2000	756	76	10	76		397	49
50	Alden Bennett Construction (oxygen tank installation)	2001	23,815	2,382	10	2,382		10,518	50
51	Alden Bennett Construction (lighting fixtures)	2001	63,680	6,368	10	6,368		30,779	51
52	New Horizons Communication (No Invoice)	2001	6,287	629	10	629		3,143	52
53	GT Mechanical Inc (exhaust fan in laundry room)	2001	2,475	165	15	165		825	53
54	CSI-Corker Service Inc(new Boiler installed)	2001	4,713	236	20	236		1,139	54
55	System Electric,Inc(Installed circuits & receptacles)	2001	1,852	93	20	93		432	55
56	Equipment Int'l (washer repair)	2001	1,110	222	5	222		1,110	56
57	GT Mechanical Inc (repair freezer)	2001	2,886	577	5	577		2,597	57
58	Alden Bennett (miscell construction)	2001	2,913	291	10	291		1,359	58
59	Hobart (installed amps for serving steamers)	2001	1,828	366	5	366		1,707	59
60	Capps (install preassure reading valve)	2001	3,485	349	10	349		1,452	60
61	Fire Pros (control panel repair)	2001	5,425	543	10	543		2,260	61
62	Alden Bennett (miscell construction)	2001	2,876	288	10	288		1,222	62
63	Alden Bennett (miscell construction)	2001	1,622	324	5	324		1,325	63
64	Fire Pros (control panel repair)	2002	5,425	543	10	543		2,170	64
65	Alden bennet -- window sills	2002	8,139	814	10	814		3,052	65
66	GT Mechincal -- repair chiller	2002	3,449	690	5	690		2,414	66
67	Alden bennet - nursing call system install	2002	23,320	1,555	15	1,555		5,182	67
68	Simplex Grinnell (4 doors)	2003	4,391	439	10	439		1,281	68
69	Alden Bennett Construction (time & material billing by facility)	2003	20,159	2,016	10	2,016		5,880	69
70	TOTAL (lines 4 thru 69)		\$ 7,398,630	\$ 253,337		\$ 265,341	\$ 12,003	\$ 3,846,025	70

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 7,398,630	\$ 253,337		\$ 265,341	\$ 12,003	\$ 3,846,025	1
2	D. B. S. Contracting (sprinkler system)	2003	15,935	5,312	3	5,312		13,279	2
3	Alden Bennett Construction (lamps)	2003	3,339	334	10	334		779	3
4	TNS Inc (DSL Cable)	2004	1,178	236	5	236		452	4
5	Alden Bennett Const (curries flat bar,fire rated access panel)	2004	1,229	246	5	246		451	5
6	Alden Bennett Const (installed fire damper)	2004	2,628	263	10	263		460	6
7	Alden Bennett Const (bathroom floors)	2004	3,945	395	10	395		427	7
8	Alden Bennett Construction (Boiler reparis)	2004	2,746	549	5	549		1,098	8
9	GT Mechanical (Heater repairs-coil replacement)	2004	5,821	582	10	582		1,164	9
10	GT Mechanical (Blower motor and fan coil replaced)	2004	1,489	149	10	149		298	10
11	GT Mechanical (Fan coil replacement)	2004	746	75	10	75		143	11
12	CSI Coker Service (steamer, food processor, coffee ura repairs)	2004	1,948	390	5	390		714	12
13	GT Mechanical (air controler,thermostat,switches replaced)	2004	1,966	197	10	197		360	13
14	Long Elevator (replaced car button, single phase rectifier)	2004	1,800	360	5	360		570	14
15	GT Mechanical (A/C, chiller startup)	2004	1,628	326	5	326		543	15
16	Patten CAT (Generator repairs) (AMS Billings)	2004	2,660	532	5	532		798	16
17	Patten CAT (Generator repairs) (AMS Billings)	2004	1,594	319	5	319		452	17
18	Equipment International (Dryer repairs)	2004	2,950	590	5	590		737	18
19	Capps Plumbing (Sink & Boiler repairs)	2004	1,865	373	5	373		404	19
20	Alden Bennett (27-Thermal Units-Furnished & Installed)	2005	5,716		15	381	381	381	20
21	BROLOC Brolin Lock And Safe	2005	3,855		10	257	257	257	21
22	Patten CAT (0105 AMS Billings)(Vehicle Air Induct & Exhaust Sy	2005	1,986		5	397	397	397	22
23	GT Mechanical (Wiring,Fan Coil Replacement, Valve repairs)	2005	1,763		5	323	323	323	23
24	GT Mechanical (Rooftop exhaust Fan belt repairs)	2005	2,409		5	401	401	401	24
25	GT Mechanical (A/H 3 repairs)	2005	1,556		5	233	233	233	25
26	Patten CAT (0705 AMS Billings)(Remove and Install transfer switc	2005	10,964		5	1,096	1,096	1,096	26
27	ABC (Roof Repairs)	2005	2,511		5	209	209	209	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,484,858	\$ 264,566		\$ 279,868	\$ 15,302	\$ 3,872,453	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 7,484,858	\$ 264,566		\$ 279,868	\$ 15,302	\$ 3,872,453	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,484,858	\$ 264,566		\$ 279,868	\$ 15,302	\$ 3,872,453	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 7,484,858	\$ 264,566		\$ 279,868	\$ 15,302	\$ 3,872,453	1
2									2
3	Related Party-Forum Prof Center Building:								3
4	Leasehold Improvement-Remodeling	1980	11,034		15			11,034	4
5	Leasehold Improvement-Remodeling	1980	17,284		20			17,284	5
6	Leasehold Improvement-Tenant Improvement	1987	893		13			893	6
7	Leasehold Improvement-AMS Remodel	1988	14,339		10			14,339	7
8	Leasehold Improvement-Roof	1994	3,203	200	16	200		2,204	8
9	Leasehold Improvement-Build.Improv.	1996	1,129	71	16	71		702	9
10	Leasehold Improvement-Asphalting	2000	88		3			88	10
11	Leasehold Improvement-DAI	2001	154	15	10	15		64	11
12	Leasehold Improvement-Bathrooms	2002	667	76	7	76		242	12
13	Leasehold Improvement-Suite Renovation	2003	1,638	164	10	164		491	13
14	Leasehold Improvement-Plumbing, Construct, Concrete, Doors, et	2004	1,801	329	7	329		465	14
15	Leasehold Improvement-Add-on Improvement, fixture base	1980	71		23			71	15
16	Leasehold Improvement-Add-on Improvement, lighting base	2001	123	25	5	25		117	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26	Related Party-AMS:								26
27	Leasehold Improvement-Remodeling	1993	5,938		7			5,938	27
28	Leasehold Improvement-Remodeling	2002	4,861	694	7	694		1,997	28
29	Leasehold Improvement-Remodeling	2003	5,085	726	7	726		2,072	29
30									30
31									31
32									32
33	Forum Extended Care, LLC-building/building improv	1999	12,928	306	30	306		2,139	33
34	TOTAL (lines 1 thru 33)		\$ 7,566,094	\$ 267,172		\$ 282,474	\$ 15,302	\$ 3,932,593	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$510,351	\$52,637	\$52,637	\$	various	\$316,512	71
72	Current Year Purchases	35,723	616	3,042	2,426	various	3,042	72
73	Fully Depreciated Assets	661,159	1,669	1,669		various	661,159	73
74								74
75	TOTALS	\$1,207,233	\$54,922	\$57,348	\$2,426		\$980,713	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77	Related party - AMS	Various: Bus/Autos	1998-2004	4,706	111	111		3	4,638	77
78										78
79										79
80	TOTALS			\$4,706	\$111	\$111	\$		\$4,638	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$8,929,101	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$322,205	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$339,933	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$17,728	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$4,917,944	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:related party - cost is backed out
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions.
- ☐ YES☒ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease.
-

9. Option to Buy:
- ☐ YES☒ NO
- Terms:
- *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?
☐ YES☒ NO
16. Rental Amount for movable equipment: \$8,505Description:Copy Machine Lease \$7,631 + Postage Meter Rental \$874
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	transport-non-patients		\$933.33	\$11,200	17
18					18
19	related party - AMS		1,926.25	23,115	19
20					20
21	TOTAL		\$2,859.58	\$34,315	21

10. Effective dates of current rental agreement:
- Beginning10/1/90
- Ending9/20/22

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2006	\$678,414
13.	/2007	\$678,414
14.	/2008	\$678,414

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

Skilled nurses on site

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

☐

☐

☐

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

☐

☐

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.
- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 148,838	\$		\$ 148,838	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			54,683			54,683	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			151,111			151,111	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See Page 16A	# of prescripts				142,659		142,659	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program	See Pg 16A		543,604			50,750		594,354	12
13	Other (specify):	See Pg 16A				(82,755)	551,732		468,977	13
14	TOTAL			\$ 543,604		\$ 271,877	\$ 745,141		\$ 1,560,622	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

2005

			Page 16
			Col 5: PT,OT, & ST
XIV. Special Services (Direct Cost)			Col 6: Supplies
Service Description	Col. 1: Ref. No.	To Pg 16: Col. No	
1. OT	39-3	To Col 5	\$148,838.51
2. ST	39-3	To Col 5	54,682.90
3.			
4. PT	39-3	To Col 5	151,110.90
5.			
6.			
7.			
8.			
Pharmacy Supplies per GL			100,236.02
Manual Input from Related Party- Forum Drugs			42,423.00 From Pg 6C
9. Total to line 9 Pharmacy	See Pg 16A	To Col 6	142,659.02
10.			
11.			
12. Exceptional Care-Salaries:	See pg 16A	To Col. 5	543,604.35
12. Exceptional Care-Supplies:	See pg 16A	To Col. 6	50,749.61
Total Exceptional Care (Line 12, Col 8)			594,353.96
13. Other:	See Pg 16A		
13. Col 5: Manual Input: Related Party - CPT		To Col 5	(82,755.00) From Pg 6D
Other			638,564.12
Manual Input: Related Party - Prism			(131,023.00) From Pg 6B
Manual Input: Related Party FECII - I.V			(74,295.00) From Pg 6C
Manual Input: Related Party FECII - Wound Vac			(627.00) From Pg 6C
Oxygen, from reclass worksheet			119,113.00 From Pg 24
13. Col 6: Supplies Total		To Col 6	551,732.12
13. Total Line 13, Column 8			551,732.12
14. Total			1,560,622.41

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$ 268	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 134,159)	1,250,753	1,250,753	3
4	Supply Inventory (priced at)	255	255	4
5	Short-Term Investments			5
6	Prepaid Insurance		9,677	6
7	Other Prepaid Expenses	5,074	5,074	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd parties/Escrows/RI	108,931	900,322	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,365,013	\$ 2,166,349	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	1,000,000	1,000,000	12
13	Land		155,893	13
14	Buildings, at Historical Cost		6,984,761	14
15	Leasehold Improvements, at Historical Cost	671,034	671,034	15
16	Equipment, at Historical Cost	400,335	1,124,295	16
17	Accumulated Depreciation (book methods)	(677,093)	(4,778,213)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Financing Fees		54,357	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,394,276	\$ 5,212,127	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,759,289	\$ 7,378,476	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 2,107,168	\$ 2,109,418	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	243,668	243,668	28
29	Short-Term Notes Payable	281,196	281,196	29
30	Accrued Salaries Payable	296,332	296,332	30
31	Accrued Taxes Payable (excluding real estate taxes)	27,640	27,640	31
32	Accrued Real Estate Taxes(Sch.IX-B)		294,100	32
33	Accrued Interest Payable	104,527	143,876	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accounts Payable (owners or related parties)	3,784,709	3,071,552	36
37	accr ins, exps, idpa, sales tax, etc	150,981	150,981	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 6,996,221	\$ 6,618,763	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		7,692,787	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 7,692,787	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 6,996,221	\$ 14,311,550	46
47	TOTAL EQUITY(page 18, line 24)	\$ (4,236,932)	\$ (6,933,074)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,759,289	\$ 7,378,476	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (2,221,955)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (2,221,955)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(2,014,977)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (2,014,977)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (4,236,932)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1			
	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 6,248,358	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 6,248,358	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	39,081	6
7	Oxygen	103,565	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 142,646	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	70,711	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 70,711	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	68,151	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 68,151	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Various - see attached Pg 19A	14,463	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 14,463	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 6,544,329	30

2			
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,311,561	31
32	Health Care	2,515,276	32
33	General Administration	1,830,869	33
	B. Capital Expense		
34	Ownership	1,090,624	34
	C. Ancillary Expense		
35	Special Cost Centers	1,687,788	35
36	Provider Participation Fee	123,188	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 8,559,306	40
41	Income before Income Taxes (line 30 minus line 40)**	(2,014,977)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (2,014,977)	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? not yet done If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Princeton
2005 PA cost report

	Column 1 Amount
Page 19A	
<i>Must be submitted if there is a balance on Line 28. You need only report the info that has a balance.</i>	

Call Pendant (private only, not offset on Schdl V)	
Wellness Fee (private only, not offset on Schdl V)	
TV Rental (private only, not offset on Schdl V)	
Furniture Rental (private only, not offset on Schdl V)	
Room Service (private only, not offset on Schdl V)	
Housekeeping (private only, not offset on Schdl V)	
Meals (private only, not offset on Schdl V)	
Ice Cream Shop (private only, not offset on Schdl V)	
Vending Machine Income (is offset againts line 2, Schdl V.)	
Late Fee Charge (private only, not offset on Schdl V)	304.33
Guest Suite (private only, not offset on Schdl V)	
Community Fee (private only, not offset on Schdl V)	
Miscellaneous Income gl 4977 (Jury Duty)	17.20
Miscellaneous Income gl 4977 (Medical Records)	743.09
Day Training Income (not offset, actual costs reported)	
Recovery of Bad Debts (private only, is not offset on Schld V)	2,583.06
Write Off of Old Amounts Due (related to prior yr, not offset on Schdl V)	10,815.48
Gain on Sale of Assets (related to prior yr, not offset on Schdl V)	

Total of line 28	14,463.16
	=====

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,184	1,200	\$ 41,731	\$ 34.78	1
2	Assistant Director of Nursing	1,768	1,873	60,101	32.09	2
3	Registered Nurses	13,453	14,057	462,594	32.91	3
4	Licensed Practical Nurses	36,114	38,187	896,389	23.47	4
5	CNAs & Orderlies	81,713	87,156	863,645	9.91	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	921	1,031	10,422	10.11	8
9	Activity Director	2,024	2,080	35,442	17.04	9
10	Activity Assistants	8,989	9,386	85,725	9.13	10
11	Social Service Workers	1,899	2,083	43,280	20.78	11
12	Dietician					12
13	Food Service Supervisor	1,888	2,080	42,451	20.41	13
14	Head Cook					14
15	Cook Helpers/Assistants	19,996	21,419	183,023	8.54	15
16	Dishwashers					16
17	Maintenance Workers	2,008	2,080	42,438	20.40	17
18	Housekeepers	20,220	21,936	191,550	8.73	18
19	Laundry	7,881	8,250	75,649	9.17	19
20	Administrator	896	964	36,142	37.49	20
21	Assistant Administrator					21
22	Other Administrative	4,344	4,592	94,016	20.47	22
23	Office Manager	1,888	2,080	28,241	13.58	23
24	Clerical	2,562	2,589	18,343	7.08	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,386	2,730	75,031	27.48	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Clinical Support Staff	2,900	2,924	82,554	28.23	32
33	Other(specify) Alzheimers Aide	219	226	1,571	6.95	33
34	TOTAL (lines 1 - 33)	215,253	228,923	\$ 3,370,338 *	\$ 14.72	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 9,600	1-3	35
36	Medical Director	Monthly	57,362	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	4,752	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	24	1,394	11-3	44
45	Social Service Consultant	8	458	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	32	\$ 73,566		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$ n/a		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)		\$		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description		Amount	Description	Amount
Antoinette Dockens	administrator		\$ 36,142	Workers' Compensation Insurance	\$	84,563	IDPH License Fee	\$
				Unemployment Compensation Insurance		110,971	Advertising: Employee Recruitment	5,545
				FICA Taxes		256,501	Health Care Worker Background Check	
				Employee Health Insurance		27,870	(Indicate # of checks performed 45)	450
				Employee Meals		26,357	Surety Bond Fees	910
				Illinois Municipal Retirement Fund (IMRF)*			IL. Healthcare Assoc.	7,414
				Chicago Head Tax		5,756	Il. Ass of Healthcare,Chicago Sun-Times	887
				Union Health & welfare		44,349	Secretary of State-Dues & Subscriptions	100
				Dental, Life & Pension		27,900	AMS Billings	1,369
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 36,142	Misc, Tution, Employee relations, employee dishon		3,879	Related Party - AMS	488
(List each licensed administrator separately.)				Drug Tests, 401K Match, Vaccinations		3,783	Less: Public Relations Expense	()
B. Administrative - Other				Marketing Manager Benefit Deduction		(1,404)	Non-allowable advertising	()
Description			Amount				Yellow page advertising	()
			\$					
TOTAL (agree to Schedule V, line 17, col. 3)			\$	TOTAL (agree to Schedule V, line 22, col.8)	\$	590,525	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 17,163
(Attach a copy of any management service agreement)								
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Vendor/Payee	Type	Amount		Description	Line #	Amount	Description	Amount
		\$				\$	Out-of-State Travel	\$
AMS	Management Fees	505,946						
BDO Seidman	Accounting fees	2,370						
Local 4	Pension Audit fee	2,786					In-State Travel	
Kominiarek Bresler Harv	Legal fees	8,474					Related Party - AMS	13,543
WOTC	Jobs Credit Service	42,488					Auto & Travel,vehicle license, insurance	5,698
SMS	Billing Consultant	1,122					Gasoline expense	2,526
BARGRE Barry H.Greenburg	Legal fees	2,188					Seminar Expense	625
KENFIS Kenneth J.Fisch	Legal fees	13,178					C. Margaret McClaskey	1,232
IL Assoc Health Care	Union Negotiation	4,500						
Smart/Midwest/Medifax/Medi/AMS/	Medical Records/Billing consults	1,923						
NEAGER Neal, Gerber & Eisenber	Union Negotiation	1,037						
TOTAL (agree to Schedule V, line 19, column 3)							Entertainment Expense	()
(If total legal fees exceed \$2500 attach copy of invoices.)			\$ 586,012	TOTAL		\$	(agree to Sch. V, line 24, col. 8)	
							TOTAL	\$ 23,624

* Attach copy of IMRF notifications

**See instructions.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

1		2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010
1	see page 22a		\$ 267,137	3-15	\$ 24,978	\$ 9,363	\$ 2,101	\$ 2,101	\$ 1,155	\$ 506	\$ 506	\$ 506	\$ 506
2													
3	Alden Bennet Constructio	11/02	4,749	15	53	317	317	317	317	317	317	317	317
4	Alden Bennet Constructio	7/02	3,170	3	440	1,057	1,057	616					
5	Painting exp>\$1,500-Year	2004	1,724	3			575	575	574				
6	GT Mech-dining rm fan c	2005	3,614	5				301	723	723	723	723	421
7	GT Mech-chiller assembly	2005	2,579	5				129	516	516	516	516	386
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 282,973		\$ 25,471	\$ 10,737	\$ 4,050	\$ 4,039	\$ 3,285	\$ 2,062	\$ 2,062	\$ 2,062	\$ 1,630

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

1		2	3	4		5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	
1	EXHAUST REPAIR *	2/92	3,117	5										
2	BOILER REPAIR *	2/92	3,223	5										
3	Wall papering *	2/93	3,525	5										
4	Repair baseboard *	6/93	1,720	5										
5	Belton airhandles *	11/93	3,283	5										
6	Painting *	12/93	1,344	5										
7	Cooler repair	5/93	1,567	10	157	52	0	0	0	0	0	0	0	
8	PAINTING	5/94	14,473	3										
9	Climate service	1/95	4,318	15	288	288	288	288	288	288	288	288	288	
10	Painting	2/95	20,117	3										
11	Painting	3/95	6,103	3										
12	Climate service	4/95	1,678	5										
13	Painting	4/95	1,920	3										
14	Painting	5/95	930	3										
15	Painting	6/95	1,290	3										
16	Painting	8/95	889	3										
17	Tower clances	9/95	4,993	3										
18	Painting	9/95	1,169	3										
19	Painting	12/95	1,758	3										
20	Painting *	12/95	1,395	3										
21	PAINTING	12/95	1,395	3										
22	PAINTING	1/96	1,249	3										
23	PAINTING	3/96	994	3										
24	PAINTING	4/96	1,324	3										
25	PAINTING	5/96	1,402	3										
26	PAINTING	3/96	1,406	3										
27	PAINTING	5/96	1,824	3										
28	AIR UNIT REPAIR	5/96	1,800	15	120	120	120	120	120	120	120	120	120	
29	PUMP HVAC	4/96	2,457	10	246	246	246	246	61					
30	CHILLER HVAC	5/96	1,900	10	190	190	190	190	63					
31	CARPET	5/96	6,115	10	611	611	611	611	205					
32	MOTOR HVAC	6/96	1,475	15	98	98	98	98	98	98	98	98	98	
33	PAINTING	6/96	1,331	3										
34	PAINTING	7/96	2,085	3										
35	PAINTING	7/96	2,169	3										
36	COOLER HVAC	4/96	2,444	5	0									
37	PAINT.DESK	8/96	5,483	10	548	548	548	548	320					
38	PAINTING	12/96	1,747	3										
39	PAINTING	10/96	2,403	3										
40	PAINTING	11/96	2,176	3										
41	PAINTING	9/96	3,279	3										
42	REPAIR WALK-IN COOLER	1/97	2,419	3										
43	REPLACE HVAC PUMP	1/97	5,890	3										
44	HVAC PUMP REPLACEMENT	9/97	3,299	3										
45	TEMPERATURE PUMP REPAIR	12/97	1,660	3										
46	CLIMATE/REPAIR PUMP MOTOR	1/98	3,051	3	0									
47	CLIMATE/INSTALL HOT WATER	2/98	2,100	3	0									
48	MR.ROOTER/REPAIR EJECTOR	6/98	2,000	3	0									
49	CLIMATE/BLOWER MOTOR	7/98	16,668	3	0									
50	CLIMATE/REPAIR A/C	9/98	1,671	3	0									
51	PAINTING	3/98	6,291	3	0									
52	PAINTING	6/98	5,196	3	0									
53	PAINTING	9/98	5,496	3	0									
54	PAINTING	12/98	4,183	3	0									
55	CSI (inv 65140,65153,65157,65158)	3/99	1,578	3	88	0								
56	Chicago Cooling (assemble A/C)	6/99	2,403	3	334	0								
57	CSI(NEED INVOICE)	7/99	2,576	3	358	0								
58	CSI(NEED INVOICE)	10/99	3,750	3	521	0								
59	Painting-\$1,500 for 1999	7/99	14,758	3	2,460	0								
60	D. B. S. Contracting (20 zone)	5/00	40,090	3	13,363	4,455	0							
61	Alden Bennett Construction (1999)	7/00	5,498	3	1,833	916	0							
62	Alden Bennett Construction (1999)	6/00	1,545	3	515	215	0							
63	Painting-\$1500 for 2000	07/01	9,747	3	3,249	1,625	0							
64	TOTALS		267,137		24,978	9,363	2,101	2,101	1,155	506	506	506	506	

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning: 01/01/2005

Ending: 12/31/2005

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? yes
- (2) Are there any dues to nursing home associations included on the cost report? yes
If YES, give association name and amount. IL Healthcare Assoc \$7,414
- (3) Did the nursing home make political contributions or payments to a political action organization? yes If YES, have these costs been properly adjusted out of the cost report? yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? no If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? yes
What was the average life used for new equipment added during this period? 10 years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 23,562 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? no
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES x NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 123,188
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? no If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? no For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 26,357 Has any meal income been offset against related costs? no Indicate the amount. \$ n/a
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? no
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? no If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? yes
g. Does the facility transport residents to and from day training? no
Indicate the amount of income earned from providing such transportation during this reporting period. \$ n/a
- (17) Has an audit been performed by an independent certified public accounting firm? _____
Firm Name: _____ The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? n/a If no, please explain. Not required
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? yes
Attach invoices and a summary of services for all architect and appraisal fees.

Reclassifications - Pgs 3 and 4

From Line	To Line	Amount	Description
2	22	-26357 26357	Employee Meal Employee Meal
22	10	-6363 3565	Uniforms Uniforms
	6	35	Uniforms
	4	260	Uniforms
	1	1077	Uniforms
	3	853	Uniforms
	11	98	Uniforms
	21	475	Uniforms
10	39	(119,113) 119,113	Oxygen Oxygen
10	23	(20,184) 20,184	Med consult-Dart Med consult-Dart
20	21	620 (620)	employee background check employee background check
20	21	2,400 (2,400)	eHealth Data Solutions eHealth Data Solutions
24	20	(625) 625	Deming Seminar Deming Seminar
		0	Net must be 0